

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

DEC | 6 1999

Ms. Danielle Cottet Quality Controller Wear Safe Malaysia Sdn. Bhd. Lot 1, Leboh Hishamuddin Satu North Klang Straits Industrial Area 42000 Port Klang Selangor Darul Ehsan, West Malaysia

Re: K992681

Trade Name: Patient Latex Examination Glove Powdered &

Powder-Free, Sterile Regulatory Class: I Product Code: LYY

Dated: November 25, 1999 Received: December 2, 1999

Dear Ms. Cottet:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in

the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

510 (k) Number (if known) :	1992681	
Device Name : PATIENT EXA	AMINATION, "POWDER" Latur	GLOVES STERILE
* A patient Examination for medical purposes that is contamination between patients	worn on the examiner's h	disposable device intended and or finger to prevent
IF NEEDED)	BELOW THIS LINE - CONT	TINUE ON ANOTHER PAGE
Presription Use	OR	Over-The -Counter Use χ
	Dental, Infection Control, l Hospital Devices	(Optional format 1-2-96)



Page <u>01</u> of <u>01</u>

510 (k) Number (if	known) :	K9926	81, .	£
Device Name : PA	TIENT EX	AMINATIO	N "POW	MDER-FREE" GLOVES STERILI
Indications For Us				
disposable devic	e intended t	for medica	purpose	orinated glove sterile is a ses that is worn on the examiner's en patient and examiner.
IF NEEDED)				- CONTINUE ON ANOTHER PAGE
Presription Use			OR	Over-The -Counter Use X
(Per 21 CFR 801.1	09)			(Optional format 1-2-96)
	(Division Si Division of and Genera 510(k) Num	Dental, Infe	ction Cont	ntrol,